

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular		<input checked="" type="checkbox"/>	<u>0</u>	<u>7/13/17</u>	<u>EMHA DIETETIC SERVICES</u>
Follow-up	<input checked="" type="checkbox"/>			TIME IN	TIME OUT
Complaint			RATING	<u>2:30PM</u>	<u>3:15PM</u>
Investigation			<u>A</u>	SANITARY PERMIT NO.	PERMIT HOLDER
Other:				<u>1700 00689</u>	<u>CLAM MEMORIAL HOSPITAL AUTHORITY</u>
ESTABLISHMENT TYPE				AREA	TELEPHONE
<u>CAFETERIA</u>				<u>7</u>	<u>647 2255</u>
				No. of Risk Factor/Intervention Violations	RISK CATEGORY
				<u>8</u>	<u>4</u>
				No. of Repeat Risk Factor/Intervention Violations	
				<u>8</u>	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performance duties			6
Employee Health						
2	IN	OUT	Management awareness; policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	IN	OUT	N/A	N/O	Proper eating, tasting, drinking, betelnut, or tobacco use	6
5	IN	OUT	N/A	N/O	No discharge from eyes, nose, and mouth	6
Prevention Contamination by Hands						
6	IN	OUT	N/A	N/O	Hands clean and properly washed	6
7	IN	OUT	N/A	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	6
8	IN	OUT			Adequate handwashing facilities supplied & accessible	6
Approved Source						
9	IN	OUT			Food obtained from approved source	6
10	IN	OUT	N/A	N/O	Food received at proper temperature	6
11	IN	OUT			Food in good condition, safe, and unadulterated	6
12	IN	OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction	6
Protection from Contamination						
13	IN	OUT	N/A		Food separated and protected	6
14	IN	OUT	N/A		Food contact surfaces: cleaned & sanitized	6
15	IN	OUT			Proper disposition of returned, previously served, reconditioned, and unsafe food	6
Potentially Hazardous Food (TCS Food)						
16	IN	OUT	N/A	N/O	Proper cooking time and temperatures	6
17	IN	OUT	N/A	N/O	Proper reheating procedures for hot holding	6
18	IN	OUT	N/A	N/O	Proper cooling time and temperature	6
19	IN	OUT	N/A	N/O	Proper hot holding temperatures	6
20	IN	OUT	N/A		Proper cold holding temperatures	6
21	IN	OUT	N/A	N/O	Proper date marking and disposition	6
Consumer Advisory						
22	IN	OUT	N/A		Consumer Advisory provided for raw or undercooked foods	6
Highly Susceptible Populations						
23	IN	OUT	N/A		Pasteurized Foods used; prohibited foods not offered	6
Chemical						
24	IN	OUT	N/A		Food additives: approved and properly used	6
25	IN	OUT			Toxic substances properly identified, stored, used	6
Conformance with Approved Procedures						
26	IN	OUT	N/A		Compliance with variance, specialized process, and HACCP plan	6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27			Pasteurized eggs used where required			1
28			Water and Ice from approved source			2
29			Variance obtained for specialized processing methods			1
Food Temperature Control						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
Food Identification						
34			Food properly labeled; original container			1
Prevention of Food Contamination						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
Proper Use of Utensils						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
Utensils, Equipment and Vending						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
Physical Facilities						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52			Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) <u>Cynthia L. Tucker</u>	Date: <u>7/13/17</u>	Follow-up Date <u>N/A</u>
DEH Inspector (Print and Sign) <u>KATHERINE DUENAS</u>	Follow-up (Circle one): YES <input type="radio"/> NO <input checked="" type="radio"/>	

LOCATION (Address)

#850 GOVERNOR CARLOS CAMACHO RD. TA

SANITARY PERMIT NO.

PERMIT HOLDER

170000689

GUAM MEMORIAL HOSPITAL AUTHORITY

Item/Location

Temperature ($^{\circ}$ F)

Item/Location

Temperature (° F)

ITEM NO.

OBSERVATIONS AND CORRECTIVE ACTIONS

**CORRECT
BY DATE**

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

A FOLLOW-UP INSPECTION WAS CONDUCTED TODAY; PREVIOUS VIOLATIONS WERE CORRECTED. (ITEM #S 26, 41, 48, & 52)
NO NEW VIOLATIONS OBSERVED.

REMOVED "B" PLACARD NO. CD 157
POSTED "A" PLACARD NO. 02959.

BRIEFED ABOVE INFORMATION WITH PERSON IN CHARGE,
CINDY TUCKER.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign)

Charge (Print and Sign) Cynthia L. Tucker, Cyt L. Sh

Date: _____

7/13/17

DEH Inspector (Print and Sign)

DEH Inspector (Print and Sign)
KATHERINE DUENES

Date _____

7/13/17

Re-inspection request

TO:

Bureau of Inspection and Enforcement, DEH, DPHSS

Facsimile No: (671) 734-5556 / 300-9577

FROM:

GUAM MEMORIAL HOSPITAL AUTHORITY DIETETIC SERVICES

ESTABLISHMENT NAME

GUAM MEMORIAL HOSPITAL AUTHORITY

OWNER / MANAGER

SUBJECT:

Request for Re-Inspection

Our establishment was inspected on

6/29/17

by

KATHERINE DELALUNDO / KATHERINE

Name of Environmental Health Specialist

(671) 735-7222

PUEBLOS

resulting a letter grade of

10/B

I have performed the following to correct the violation(s).

Item No.	Specific / Detailed Action(s) Taken Correcting the Violation(s)
41	A Cooks bonding meeting was held by Chef Cindy Tucker instructing approved locations of Sanitizer/Soap buckets (7/11/17) Remainder of dietary staff were instructed on 7/14/17 during a mandatory staff meeting.
48	A work order was placed with GMHA Facilities maintenance department on 6/29/2017 for repairs.
6	Employee was counselled. Proper glove usage policy was discussed in mandatory staff meeting. 7/14/2017
26	(1) Proper Cooling technique and documentation was reviewed with cooks during bonding (7/11/17)
	(2) Items in question were discovered under temperature in the Cafeteria. The food was taken to kitchen and reheated - Documentation of time and temperatures of solid foods were documented - no "comment" was made documented on initial location of foods. Cooks have been instructed to document in "Comment" column of location/destination of foods requiring corrective action. (7/11/2017)
	(3) Staff has been instructed during mandatory staff meeting on proper HACCP documentation during cafeteria service (7/14/2017)
52	Requested facilities maintenance ensure adequate complete cleaning of grease trap is performed by Detry plumbing.

I am requesting a re-inspection of this establishment on _____ at _____ or at your earliest convenience.

If you should have any questions, please call me at 671-647-2520. Thank you.Cynthia L. Tucker, HCS

PRINT NAME

Cynthia L. Tucker

SIGNATURE

07/14/2017

DATE